

### Minnesota Board of Cosmetologist Examiners

2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414 p: 651-201-2742 • f: 612-617-2601 • bce.board@state.mn.us • www.bceboard.state.mn.us

# Domestic Endorsement or Transfer Operator License Application

Complete this application if you have been licensed in another state.

Manager licenses are not eligible for endorsement.

### The following must be submitted for your application to be processed:

- Completed Application
- O Fee: \$195 (processing within 15 business days)

Checks or money orders may be made payable to "BCE". Processing time begins when your application and payment are received in the BCE office. Business days do not include weekends or state determined holidays.

### O Letter(s) of License Verification from each state in which you have ever held a license

Contact each state's Board to have this letter mailed directly to the BCE office. These letters are only valid for 90 days and should certify an active and current license, required training hours, exams passed, length of licensure, etc.

- The letter must verify a minimum of:
  - 1550 school hours for a cosmetologist
  - 600 school hours for an esthetician
  - 350 school hours for a nail technician

If your letter indicates fewer hours, you must have at least 3 years of licensed work experience, as shown on page 3; or complete the remaining required training at a Minnesota cosmetology school and provide certification from the school. If your license is no longer valid or current, email bce.board@state.mn.us to determine specific requirements.

#### O Proof of passing a National/General Theory Examination

Your Letter(s) of License Verification will prove if you have previously passed a National/General Theory Exam. If you have not previously passed this exam, you must take and pass the General Exam and attach the original passing results to this application. Exam results are valid for one year. To schedule this exam, contact PSI at 1-800-733-9267 or <a href="https://www.psiexams.com">www.psiexams.com</a>.

#### O Proof of passing a Practical Examination (required as of 01/01/2016)

Your Letter(s) of License Verification will prove if you have previously passed a Practical Exam. If you have not previously passed this exam and are applying on or after 01/01/2016, you must take and pass the Written Practical Exam and attach the original passing results to this application. Exam results are valid for one year. To schedule this exam, contact PSI at 1-800-733-9267 or www.psiexams.com.

#### Original passing results from the Minnesota State Laws & Rules Examination

All applicants are required to take and pass the State Exam, including applicants who have been previously licensed in Minnesota. This exam is typically scheduled with the General Exam and Written Practical Exam. Exam results are valid for one year. To schedule this exam, contact PSI at 1-800-733-9267 or www.psiexams.com.

#### High School/GED Diploma or Transcript (copy)

ALL foreign documents must be translated into English by a BCE accepted translator. To find a translator accepted by the BCE, see the attached document. A copy of the document in its original language must accompany the translation.

11/2015

### **Applicant Information**

Social Security Number		Date of Birth	
First Name	Middle Initial	Last Name	
Residential Address			
City		State	Zip Code
Email Address		Phone Number	

For Office Use Only

Staff Initials:	Check/MO/ Receipt Number:	Amount Paid:
Application Number:	License Number:	Date Processed:

### **Current License Information**

Select your type of license below. Cosmetologist Esthetician Nail Technician Complete the fields below using your license information from the state you are currently licensed in. Current State(s) of Licensure: License Type: Current License Number: Original License Date: License Expiration Date: **Education Information** Name of Cosmetology School Attended Select ALL disciplines covered in your training: O Hair care O Skin care Address of School O Nail care Note: Education in all three disciplines is required for a Minnesota cosmetologist license. School Phone Number, Email, Website Date Course Completed: Month Year **Additional Applicant Information** List all states in which you have held a cosmetology license. For each state, list the license type. O Yes Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetologist Examiners, or Office of the Attorney General? If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution. O No Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? If yes, you must attach the following: O Yes O A detailed and signed explanation identifying the type of license and the circumstances of each incident. O No O A copy of the Notice of Hearing or other document that states the charges and allegations. O A copy of the official document which establishes the resolution of the charges or any final judgment. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes, Section 270C.72, that you currently O Yes owe the State of Minnesota any delinquent taxes? If yes, attach a detailed and signed explanation with documentation from the O No

Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.

# **Experience Verification Form**

Complete this form if your Letter of License Verification does not verify a minimum of

- 1550 hours of training for a cosmetologist,
- 600 hours of training for an esthetician, or
- 350 hours of training for a nail technician.

If this applies to you, you must have at least three years of licensed work experience as documented below. If you do not have three years of licensed work experience, you must complete the remaining training at a Minnesota cosmetology school and attach certification from the school.

Salon Name	Owner Name	r Name Salon License Number	
Salon Address		Salon Phone Number	
City	State	Zip Code	
Average Hours Worked Per Week	Employment Start Date	Employment End Date	
		I	
Salon Name	Owner Name	Salon License Number	
Salon Address		Salon Phone Number	
City	State	Zip Code	
Average Hours Worked Per Week	Employment Start Date	Employment End Date	
Salon Name	Owner Name	Salon License Number	
Salon Address	I	Salon Phone Number	
City	State	Zip Code	
Average Hours Worked Per Week	Employment Start Date	Employment End Date	

### **Licensee Responsibility**

#### Renewals

- All individual licenses expire on the last day of the individual's birth month in the third year of the license cycle.
- If you fail to renew on or before the license expiration date, your license will expire and be invalid. Additional renewal fees will apply if you fail to submit a complete and accurate renewal before your license expires. It is your responsibility as a licensee to renew your license on time.

### Change of Name or Address

- If you change your name, you must notify the BCE within 30 days by submitting a Name Change Form with legal name change documentation.
- You must inform the BCE of an address change within 30 days. This update can be made online.

### **Current License Verification**

It is your obligation to ensure the salon you work in has a current license and that your individual license is also current and active. Use the License Lookup at www.bceboard.state.mn.us to check a license status.

### Cosmetology Laws and Rules

 Cosmetology law and rule books are available for purchase from Minnesota's Bookstore. Visit www.minnesotasbookstore.com or call 651-297-3000 to order. Current laws and rules may also be viewed at www.bceboard.state,mn.us.

# **Certification of Applicant**

I attest that the information submitted with this application is true and correct. Further, this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetologist Examiners.

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Signature of Applicant	Date	

Incomplete applications will be returned and subject to additional processing upon receipt back in the BCE office.

The data which you furnish on this application will be used by the BCE to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security Number (SSN) is required by Minnesota Statutes 270C.72 and your SSN may be requested by and released to the Minnesota Commissioner of Revenue. The BCE may use your SSN for revenue recapture as authorized by Minnesota Statutes Chapter 270A. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes Chapter 13. Pursuant to Minnesota Statutes 604.113 and 609.535 the BCE is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

# **Board Accepted Translation Resources**

All foreign documents must be translated into English by a translator or interpreter who is approved by one of the following organizations. You must submit copies of these documents in their original foreign language along with the English translations.

### Minnesota Court Interpreter Roster

Both "certified" and "non-certified" interpreters from this roster are accepted. http://findinterpreters.courts.state.mn.us/

### Minnesota Department of Health Interpreter Roster

https://pqc.health.state.mn.us/hci/searchInterpreter.jsp

**American Translators Association** 

www.atanet.org

Association of International Credential Evaluators

www.aice-eval.org